

Chester 2015 Form 481 -
REDACTED.pdf

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	240516
<015> Study Area Name	CHESTER TEL CO - SC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Thomas T. Harper
<035> Contact Telephone Number: Number of the person identified in data line <030>	9035819164 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tharper@truvista.biz

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) <input type="text" value="0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) <input type="text" value="0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <input type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile <input type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed <input type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile <input type="text" value="0.0"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">240516sc510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">240516sc610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes <input checked="" type="radio"/> <input type="radio"/>)	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481	
		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	

<010>	Study Area Code	240516
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

240516sc112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm

that the attached document(s), on line 112, contains a progress report on its

five-year

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service

<116> How much (USF) was used to improve service capacity and how support was used to improve service

<117> Provide an explanation of network improvement targets not met

<118> in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2015
16.16

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240516		
<015>	Study Area Name	CHESTER TEL CO - SC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper		
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz		
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation			

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes

	Select Yes or No or NA
<921> Needs assessment and deployment planning with a focus on Tribal	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240516
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	240516
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached document(s), on line 1210,

or the website listed, on line 1220, contains the required information pursuant to 47 CFR 1.77(f)(1) annual reporting for ETCs receiving low-income support carriers

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
 Data Collection Form
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3050-0986/OMB Control No. 3050-0819
 July 2013

<010>	Study Area Code	2403-6
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	INDIANA T. BARNER
<035>	Contact Telephone Number - Number of person identified in data line <030>	803521264 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CHARPETER@INDIANA.BIZ

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c)(d)(e). The information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	
<2011a>	2nd Year Certification (47 CFR § 54.313(b)(1)(i))	
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)(ii))	
<2011b>	Attachment (47 CFR § 54.313(b))	

Name of Attached Document(s) Listing Required

<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
<2016>	Certification Support Used to Build Broadband

<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))
<2017>	3rd year Broadband Service Certification
<2018>	5th year Broadband Service Certification
<2019>	Interim Progress Certification

Please check the box to confirm that the attached document(s) on line contains the required information to 47 CFR 54.313(d)(2)(ii) as a recipient of CAE Phase II support shall provide the number addresses of community anchor institutions in which frozen broadband service preceding calendar

--

Name of Attached Document(s) Listing Required

<2021>	Interim Progress Community Anchor Institutions
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(3000) Rate Of Return Carrier Additional Documentation: Data Collection Form		FCC Form 481 OMB Control No. 3050-0066/OMB Control No. 3050-0819 July 2013
<01>	Study Area Code	240516
<01>	Study Area Name	CHESTER TEL CO - SC
<02>	Program Year	2016
<03>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<03>	Contact Telephone Number - Number of person identified in data line <03>	8035819164 ext.
<03>	Contact Email Address - Email Address of person identified in data line <03>	tharper@twiista.biz

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

(3011) Please check this box to confirm that the attached document(s) on line 3017 contains the required information § 54.313(f)(1)(i) the carrier shall provide the number, names, and addresses of community anchor institutions to which herein

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s) on line 3017, contains the required information pursuant to § 54.313(f)(2)

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, Is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers;

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash

(3026) Attach the worksheet listing required information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

FCC Form 481
OMB Control No. 3060-0996/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	240516
<015>	Study Area Name	CRESTER TEL CO - SC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas F. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	tharper@twiata.biz

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	240516
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	240516
<015> Study Area Name	CHESTER TEL CO - SC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035> Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tharper@truvista.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	CHESTER TEL CO - SC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/08/2015
Printed name of Authorized Officer:	Thomas Harper
Title or position of Authorized Officer:	Vice President-Administration & Regulatory Affairs
Telephone number of Authorized Officer:	8035819164 ext.
Study Area Code of Reporting Carrier:	240516 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CHESTER TEL CO - SC
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/08/2015
Printed name of Authorized Agent or Employee of Agent:	Lans Chase
Title or position of Authorized Agent or Employee of Agent:	Staff Director - Regulatory
Telephone number of Authorized Agent or Employee of Agent:	7705692105 ext.1
Study Area Code of Reporting Carrier:	240516 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

Chester Telephone Company (SAC 240516)

ATTACHMENT - LINE 112

**FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN
& PROGRESS REPORT**

ATTACHMENT REDACTED IN ITS ENTIRETY

Chester Telephone Company, Inc.
Demonstration of Complying with Applicable Service Quality Standards and
Consumer Protection Rules for Voice and Broadband

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Chester Telephone Company, Inc. (“Chester”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Chester is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing, deposits,

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

**Chester Telephone Company
Demonstration of Ability to Function in Emergency Situations for Voice and
Broadband**

Chester Telephone Company, Inc. ("Chester") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-646 of the South Carolina Code of Regulations. Chester's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Chester can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Chester to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Chester has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

<020>	Program Year
-------	--------------

<035> Contact Telephone

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

1/1/2015
16.16

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

Study Area Code
<010>

CHESTER TEL CO - SC

<015> Study Area Name

<020>	Program Year
-------	--------------

2016

<030> Contact Name - Person USAC should contact regarding this data

Thomas T. Harper

<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.

803.5879164 ext. 2

Contact Email Address - Email Address of person identified in data line <039>	tharper@ruvista.biz
<039>	

$\frac{1}{2} + \frac{1}{2} = 1$

[illegible]

<010>	Study Area Code	240516
<015>	Study Area Name	CHESTER TEL CO - SC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Thomas T. Harper
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819164 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tharper@ruvista.biz
<810>	Reporting Carrier	Chester Telephone Company
<811>	Holding Company	Chester Telephone Company
<812>	Operating Company	Chester Telephone Company

[illegible]

Chester Telephone Company (SAC - 240516)

Attachment - Line 1210

(1200) Terms and Conditions for Lifeline Customers

Study Area Code: 240516

Study Area Name: Chester Telephone Company

Chester Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Chester Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance . These plans are offered through TruVista's affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen , LD calls are billed on a per call/per minute basis.

.(See <http://www.truvista.net/>) for a more detailed description of the terms and conditions of all TruVista products.

The pages below are maintained on the TruVista internal web server as an aid to employees:

Pricing

Voice

Lines/Calling Features

Calling Features	Res	Bus		
Exchange Access Line - One Party -Ridgeway	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Chester	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Great Falls	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Lewisville	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party -Lockhart	RR1	\$14.25	RB1	\$23.80
Rotary Line (Hunting)Service	RRLS	\$2.00	RRLS	\$2.00
Advanced Calling-Features				
Anonymous Call Rejection	RRACB	\$2.00	RBACB	\$2.00
Call Block (Selective Call Rejection)	CLR04	\$3.00	CLB04	\$4.25
Call Forwarding	RRCF	\$1.75	RBCF	\$2.75
Call Forwarding Busy Line	RRCFB	\$1.75	RBCFA	\$2.75
Call Forwarding Don't Answer Busy Customer Control		\$1.75		\$2.75
Call Forwarding Don't Answer	RRCFD	\$1.75	RBCFD	\$2.75
Call Hold	RCH	\$1.75	RCH	\$2.75
Call Return (Automatic Recall)	CLR01	\$2.75	CLB01	\$4.00
Call Selector (Distinctive Ringing)	CLR03	\$3.00	CLB03	\$4.25
Call Tracing (Customer Originated Trace)	RRCT	\$3.75	RBCT	\$5.00
Call Waiting	RRCW	\$2.75	RBCW	\$4.25
Call Waiting Deluxe	RRCWD	\$4.00	RBCWD	\$6.00
Caller ID (Calling Number Delivery)	CLR06	\$4.75		\$6.25
Caller ID Blocking Per Line	CIBPL	\$2.00		\$2.00
Caller ID Blocking Per Call	RRID2	\$0.00		N/C
Caller ID Deluxe (Name	RRIDD	\$5.75		\$7.25

and Number Delivery)

Enhanced Caller ID (Busy Line/idle Line Name)	RRECI	\$8.95	RBECI	\$11.00
Hot Line	RRHL	\$1.75		\$2.75
Remote Access- Call Forwarding	RRCFA	\$6.50		\$9.00
Repeat Dialing (Automatic Call Back)	RRRD	\$2.75		\$4.00
Selective Call Acceptance	RRSCA	\$3.00		\$4.25
Selective Call Forwarding	RRSCF	\$3.00		\$4.25
Speed Calling (8 code)	RRSC	\$1.75		\$2.75
Speed Calling (30 code)	RRSC1	\$2.75		\$3.75
Speed Calling (50 code)	RRSC2	\$3.75		\$4.75
Three Way Calling	RRTWC	\$2.75		\$4.25
Warm Line	RRWL	\$1.75		\$2.75
Single Line Variety Pack	RRVP	\$3.00		\$4.50
Calling Card (Each Call)		\$1.00		\$1.00
Operator Station, Each Call		\$1.25		\$1.25
Person to Person		\$2.50		\$2.50
Emergency Interrupt (Each Request)		\$1.75		\$1.75
Verification Request (Per Request)		\$1.75		\$1.75
Primary Service Listing		\$0.00		\$0.00
Additional Name Listing		\$0.35		\$0.35
Non-Published Service		\$1.00		\$1.00
Non-Listed Service		\$0.50		\$0.50
Residential Voice Mail		\$3.95		
711 Dialing Code		\$0.00		\$0.00
Residence				

VACATION RATES

Access Lines SCFEEAL

Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 permonth - Overage minutes above| 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. Calls are rounded up to the nearest Minute. Volume discounts do not apply to this plan. Available to Residential & Business Customers

Nationwide Talk Plan 250

(OCPNT)] 50 Nationwide Long Distance Minutes for \$12.95 per month. Overage minutes above 250 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day.

- No Connection Charges.
- *Volume discounts do not apply to this plan.*
- Available to Residential & Business Customers

Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 per month - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*

- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

Nationwide Talk Plan 1000

- (OCPNN) Distance Minutes for \$50.00 per month - Overage minutes above 1000 will be charged at \$.09 per minute.
- Applies to Direct Dialed Domestic calls including Alaska and Hawaii anytime of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

9 cents Flat Rate Calling Plan

- (OCP10) Flat rate of 9 cents per minute on Direct Dialed Domestic calls including Alaska and Hawaii any time of day
- **NO monthly recurring charge.** No Connection Charges. *Calls are rounded up to the nearest Minute.* Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

Chester Telephone Company (SAC - 240516)

Attachment - Line 1210

The 509 Plan

- Flat rate of 5 cents per minute on Direct Dialed Domestic State to State calls including Alaska and Hawaii any time. Flat rate of 9 cents per minute on Direct Dialed In-State calls any time.
- \$5.95 Monthly Recurring Charge
- 9.9% Universal Access Fee
- *Calls are rounded up to the nearest Minute.*

Unlimited LD

- One Flat Monthly Charge for All Your Long Distance Calls! *[View Brochure](#)
- \$29.99



VOICE: LOCAL

TRUVISTA, LOCAL TELEPHONE PROVIDER FOR OVER 115 YEARS.

BASIC

TruVista provides basic residential local telephone service. If you make many telephone calls within the state beyond your basic calling area you may want to consider an Extended Calling Plan which will save you money over long distance calling.

LIFELINE

Lifeline offers a discount on monthly telephone service and associated charges. You may be eligible for Lifeline if you qualify for one of the following:

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Temporary Assistance for Needy Families (TANF)

Please contact your local TruVista business office for more information.

TruVista's regulated services are sold subject to terms and conditions contained in applicable tariffs and contracts. Any inconsistencies between terms, conditions and pricing information presented on this website and such tariffs and contracts will be resolved in favor of the tariffs and contracts. Local service rates do not include standard applicable taxes and fees that apply to all regulated telephone lines. (Such as Federal End User Access Charge, LNP End User Basic Charge, 911, Dual Party Relay Service Charge, Federal Universal Service Charge and State Universal Service Charge). All published rates subject to change.

BUNDLES

Explore our Savings Bundles where getting multiple services on one bill adds up to substantial savings - Up to \$100's of dollars per year.

OTHER VOICE FEATURES

VOICE MAIL

The most reliable, user friendly and cost effective call answering system available today for your home or your business.

TruVista's Voice Mail service answers your incoming calls and records any messages, even if you are on the telephone! There are no machines to buy or repair, no tapes that wear out, and no scratchy voice recordings. You can even set up multiple mailboxes, all password protected. Your messages are secure and easily accessible from any touch-tone phone - anytime, anywhere.

INSIDE WIRE MAINTENANCE

Affordable protection for your telephone service for when problems arise that could be costly - especially since most repairs pertaining to telephone service are unexpected.

Whether you have a new home with new technology or an older home with older wiring, TruVista's affordable monthly telephone line maintenance plan will protect you from unexpected repair bills. A monthly maintenance plan for your cable wiring is also available from TruVista Communications. (Inside Wire Maintenance only applies to existing wires and jacks that have been properly installed.)

- Telephone Line Maintenance Plan
- Cable Wiring Maintenance Plan

TRUVISTA.NET

Chester Telephone Company (SAC - 240516)

Attachment - Line 1210

GENERAL SUBSCRIBER SERVICES TARIFF

CHESTER TELEPHONE COMPANY
CHESTER, SOUTH CAROLINA

ELEVENTH REVISED PAGE 2
REPLACES TENTH REVISED PAGE 2

ISSUED:

EFFECTIVE: JUNE 1, 2013

A3. BASIC LOCAL EXCHANGE SERVICE

A3.3 MONTHLY EXCHANGE RATES

- a. Monthly exchange rates, as authorized by the Public Service Commission, are shown below.
- b. The rates specified herein, entitle subscribers to an unlimited number of messages to all stations bearing the designation of central offices within the serving exchange and additional exchanges as shown in Section A3.4 Local Calling Areas of this tariff.

EXCHANGE	RESIDENCE 1 PARTY	BUSINESS 1 PARTY	PBX TRUNK
CHESTER	\$ 15.50 (I)	\$ 27.90	\$ 27.90
GREAT FALLS	\$ 15.50 (I)	\$ 27.90	\$ 27.90
LEWISVILLE	\$ 15.50 (I)	\$ 27.90	\$ 27.90

A3.3.1 Public Telephone Access Service For Customer Provided Equipment (CPE)

3.3.1.1 Rates and Charges

- A. Public Telephone Access Service for CPE is provided on a Flat Rate basis where facilities permit.

1. Flat Rate \$27.90 per line

- a. The above monthly rate is applicable to Public Telephone Access Service for CPE.

A3.4 LOCAL CALLING AREAS

The rates specified in Section A3.3 entitle subscribers to access all stations bearing the central office designations of additional exchanges as shown below. The local calling area of the exchange in the left hand column also includes the exchanges listed in the right hand column.

EXCHANGE	ADDITIONAL EXCHANGES
Chester	Great Falls - Lewisville
Great Falls	Chester - Lewisville
Lewisville	Chester - Great Falls



Federal Lifeline Program Annual Recertification Form

The Lifeline Program is a federal program that helps eligible consumers pay for wireless or home telephone service by discounting monthly service bills. At least once each year, consumers who receive Lifeline Program-supported service must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service.

You must complete all sections of this form within 30 days to recertify your continued eligibility for the Lifeline Program or your service provider will remove the Lifeline Program benefits from your account.

Mail your completed form to:

**TruVista – Federal Lifeline Program Annual Recertification
P.O. Box 160
Chester, SC 29706**

Section 1: Consumer Information

1 I am 18 years of age or older. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 First Name:	3 Last Name:
4 Date of Birth (mm/dd/yyyy):	5 Last 4-digits of Social Security Number:
If you are unable to provide the last four digits of a Social Security Number, complete line 6.	
6 Tribal Identification (Tribal ID) Number (if applicable):	
7 Telephone Number:	
Service address of principal residence (no Post Office Box):	
8 Street Address:	9 Apt:
10 City:	11 State: 12 Zip Code:
13 Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing address, if different from service address (may include Post Office Box):	
14 Street Address:	15 Apt:
16 City:	17 State: 18 Zip Code:

Section 2: Program Requirement - One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government.

19 <input type="text"/>	20 <input type="text"/> My initials here certify that I reside on Tribal lands (if applicable).
21 Do you live at an address at which there are multiple households? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider.	

Section 3: Program Requirement - Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below OR your household meets the income requirement.

22 <input type="checkbox"/> I (or my dependent or member of my household) received benefits from at least one of the programs listed below.	
If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits.	
Check all that apply.	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> National School Lunch / Free Lunch Program (NSL)
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	
<input type="checkbox"/> I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____	



23 ☐ My household income is at or below the amount listed below for my state.

If checked, number of people in my household: _____

**2015 Poverty Guidelines for the 48 Contiguous States
and the District of Columbia**

Effective: January 22, 2015

Household Size	South Carolina
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

*For families/households with more than 8 persons,
add \$4,160 for each additional person.*

Source: <https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1>

Section 4: Notification Obligations

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

- 24 ☐ I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.
- 25 ☐ I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- 26 ☐ I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.
- 27 ☐ I will notify my service provider of my new address within 30 days of moving.
- 28 ☐ I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

Section 5: Certifications

You must certify the following statements. You must read and initial all certifications.

- 29 ☐ I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).
- 30 ☐ I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.
- 31 ☐ I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.
- 32 ☐ I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- 33 ☐ I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- 34 ☐ I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits.
- 35 ☐ I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- 36 ☐ I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- 37 ☐ I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

38 **Signature (required):** _____

39 **Date (required):** _____

40 **Printed Name (required):** _____

TruVista Lifeline Application

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the attached form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents. These documents will be examined by TruVista to determine if they provide sufficient proof of eligibility. The documents will not be returned to you and will be destroyed once that examination is completed.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** provide photocopies of any qualifying documentation. **NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

Program Eligibility

- | | |
|--|--|
| • Supplemental Nutrition Assistance Program (SNAP) | • Low Income Home Energy Assistance Program (HEAP) |
| • Federal Public Housing Assistance (Section 8) | • Temporary Assistance for Needy Families (TANF) |
| • Medicaid | |
| • Supplemental Security Income (SSI) | |
| • National School Lunch (NSL) free lunch program | |

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

You may qualify to receive Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines. The 2014 Federal Poverty Guidelines are shown on the following page.

Chester Telephone Company (SAC 240516)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Chester Telephone Company hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

Chester Telephone Company (SAC 240516)

Response to Line 3012 - List of Community Anchor Institutions to Which the ETC Newly Began Providing Service

The FCC's *USF/ICC Transformation Order* requires a listing of community anchor institutions to which the ETC newly began providing broadband service. As an incumbent LEC, Chester provides broadband service to all community anchor institutions requesting service in its service area. Chester hereby provides the FCC with a list of community anchor institutions to which it newly began providing access to broadband service in calendar year 2014.¹

Number	Name	Address
1	UNITED HOME CARE	118 YORK ST, CHESTER, SC 29706
2	CREMEANS FAMILY DENTISTRY	701 WILSON ST, CHESTER, SC 29706
3	CHESTER FIRE TRAINING CENTER	988 MCCANDLESS RD, CHESTER, SC 29706
4	911 COORDINATOR	651 LOWRYS HWY, CHESTER, SC 29706
5	SENIOR SERVICES INC OF CHESTER	1197 ARMORY RD, CHESTER, SC 29706
6	CHESTER HEALTHCARE FOUNDATION	115 SALUDA ST, CHESTER, SC 29706
7	UNITED HOME CARE	118 YORK ST, CHESTER, SC 29706
8	CREMEANS FAMILY DENTISTRY	701 WILSON ST, CHESTER, SC 29706

¹ The FCC has defined community anchor institutions in Section 54.5 of its Rules as "schools, libraries, health care providers, community colleges, other institutions of higher education, and other community support organizations and entities."

REDACTED FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

Chester Telephone Company (SAC 240516)

ATTACHMENT - LINE 3026

FINANCIAL STATEMENTS

ATTACHMENT REDACTED IN ITS ENTIRETY